County of San Diego, Health and Human Services Agency (HHSA) Eligibility Policy and Procedures Guide

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Issue date:

April 2, 2015

Effective date:

Upon Receipt

Background:

The HSS On-Boarding Model sets guidelines for training standards and a curriculum which will be used for training new staff upon completion of HSS Initial Training and to address training issues.

Policy:

The HSS On-Boarding Model consists of changes in the HSS Initial Training On-the-Job-Training (OJT) schedule, a standard for Training Units to be established in all Family Resource Centers (FRC's), as well as Access and Access2Health (A2H) Customer Service Centers and post-Initial Training curriculum based on error trends and error prone tasks.

The HSS Initial Training will continue to include On-The-Job-Training (OJT) days. The OJT workbook will be updated to ensure consistency in activities and tasks assigned during OJT days. Each FRC, as well as Access/A2H will designate a Supervising Human Services Specialist (SHSS) as an OJT coordinator who will act as a liaison to The Knowledge Center (TKC).

There will be a once a week OJT completed at the FRC or Access/A2H assignment of the newly hired HSS. In addition, a one week OJT will be scheduled prior to completion of Initial Training. The OJT experience responsibilities must include:

- SHSS OJT Coordinator responsible for OJT Advisor assignments, monitoring OJT tasks, and providing OJT performance feedback to TKC.
- HSS Advisor who has passed probation. The OJT HSS Advisor will be responsible for demonstrating tasks, office procedures, task management, Over-The-Shoulder Coaching-Developed to provide guidance and providing feedback on the OJT activities to the OJT Coordinator.
- HSS's completion of the OJT workbook assignments.

New HSS staff:

New HSS staff requires time and assistance to continue to grow in their new role to ensure success. Therefore, they will be assigned to a training unit for a period of three months. The Training Unit structure will remain in place and continued to be maintained to accommodate new trainees reporting from Initial Training.

The training unit requires a SHSS Training Unit Supervisor, who will monitor completion of tasks and overall performance of the new HSS.

Training Unit SHSS Will:

- Schedule regular one-on-one meetings to discuss trainees' performance and expectations.
- Be responsible for conducting case reviews and approval of actions taken by new HSS's.
- Monitor Post-Initial Training curriculum completion.
- Complete Mid-Performance evaluation for HSS's in the training unit.

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<u>Designated Training Unit HSS Advisor</u>:

The FRC or Access/A2H will select the Training Unit HSS Advisor who has passed probation, before they can take on the role as a Training Unit Advisor. For training consistency, the Training Unit HSS Advisors should remain the same throughout the Training Unit period. The ratio of trainees to HSS Advisor will be no more than 1:5. The Training Unit HSS Advisor will have a reduction in workload of approximately 20% of a full caseload per HSS assigned and a maximum of 5 new workers will be assigned per Advisor.

The Training Unit HSS Advisor will be expected to:

- Demonstrate tasks; walk through assignments with the new HSSs.
- Provide Over-The-Shoulder coaching.
- Provide feedback to the supervisor on all work processed by new HSS's.

If the FRC or Access/A2H do not receive new HSS allocations of staff after the training unit period (3 months), then the following applies:

- At the end of the 3 month Training Unit period, the HSS Advisor will return to a full caseload.
- All mentorship provided by the HSS Advisor will end and the new HSS will be placed under their assigned SHSS for assistance.
- New HSS staff and the HSS Advisor in the training unit may be assigned to another unit based on operational needs at full caseload.
- Training Unit structure should be maintained by FRC or Access/A2H to accommodate future allocations.

Training Plan Matrix:

To enhance the current training plan, the Training Steering Committee (TSC) compiled a list of trainings based on error trends and error prone tasks.

TSC along with the Corrective Action Review Board (CARB) will continue to analyze data and update the Training Matrix as needed. TSC will continue to work to develop and update the training materials listed on the Matrix.

Procedure:

One week of OJT will be scheduled by TKC before trainees report to the regions. Trainees will report back to TKC for final activities and refresher trainings on MEDS, IEVS and Alerts.

All trainees will process active case tasks (Intake, SAR, RRR, or Changes) at the FRC or perform Access/A2H tasks during the one week of OJT and will complete the OJT workbook.

The FRC or Access/A2H site will identify and select experienced SHSS's and HSS's to support the development of new HSS's within the training unit.

The Training HSS Advisor will provide Over-The-Shoulder coaching for actions taken by new staff.

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New HSS Staff will be assigned tasks as follows:

- Month 1 Approximately 50% of a full caseload
- Month 2 Approximately 75% of a full caseload
- Month 3 Full caseload

Training Unit SHSS and Advisor Meetings:

TKC will schedule a regular threading meeting with the FRC's and Access/A2H Training Unit SHSS and Advisor(s) to continue to collaborate and ensure the success of the new trainees.

The Training topics listed on the Matrix (see Training Plan Matrix link below) have been prioritized and will be required to be completed as follows:

- 1. High: End of Initial Training to Mid-Probation.
- 2. Medium: Mid-Probation to 9 months.
- 3. Low: 9 months to Final Probation.

Impacts:

All Programs

References:

Training Plan Matrix

Sunset Date:

This policy will be reviewed for continuance by 4/2/2018

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Apprøyal for Release:

Rick Wanne, Director Eligibility Operations